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1953

### Annual Report: 1953

St. Cloud Hospital

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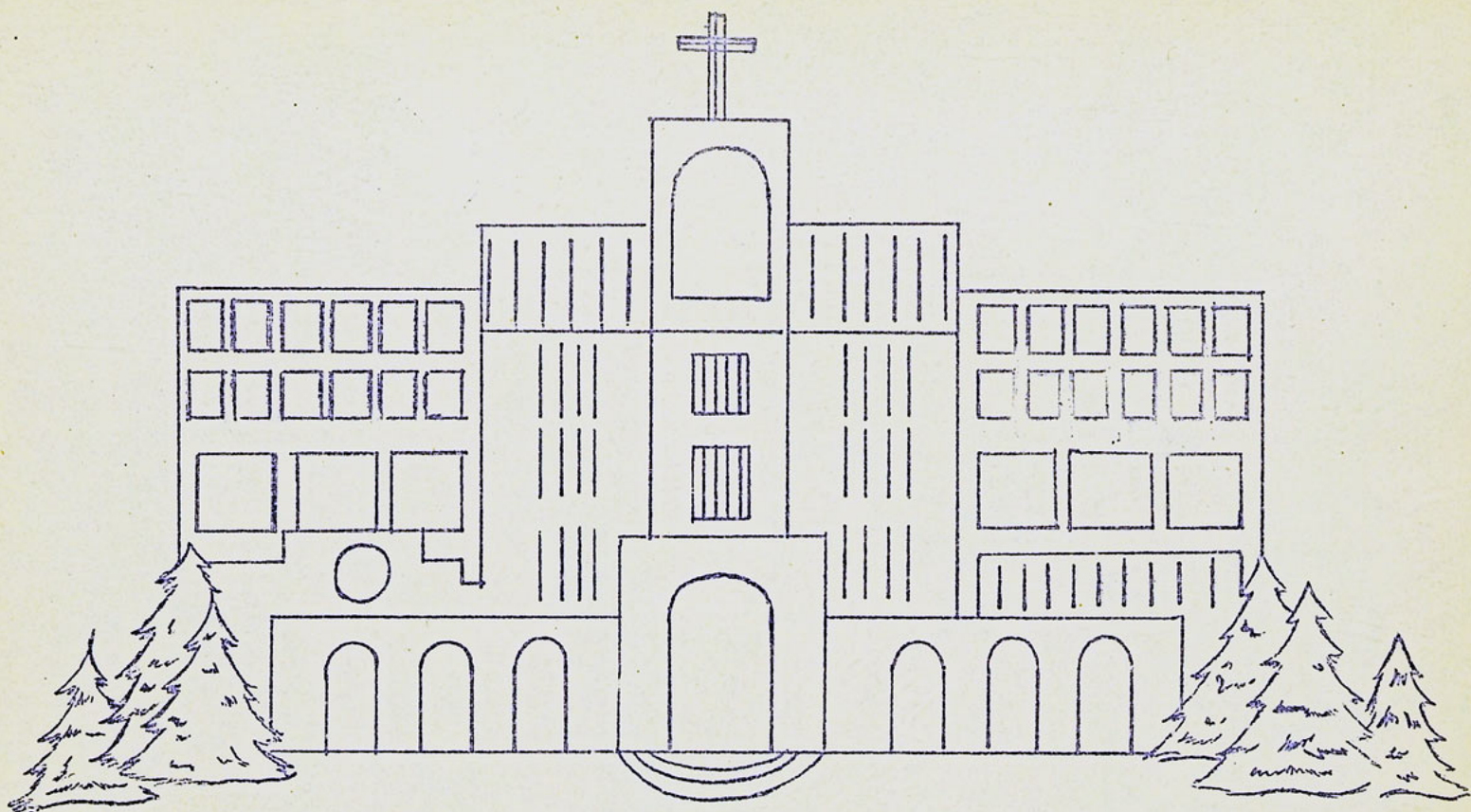
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SAINT CLOUD HOSPITAL

ANNUAL REPORT  
1953

Report of the President  
Message from the Administrator  
Report of the Secretary

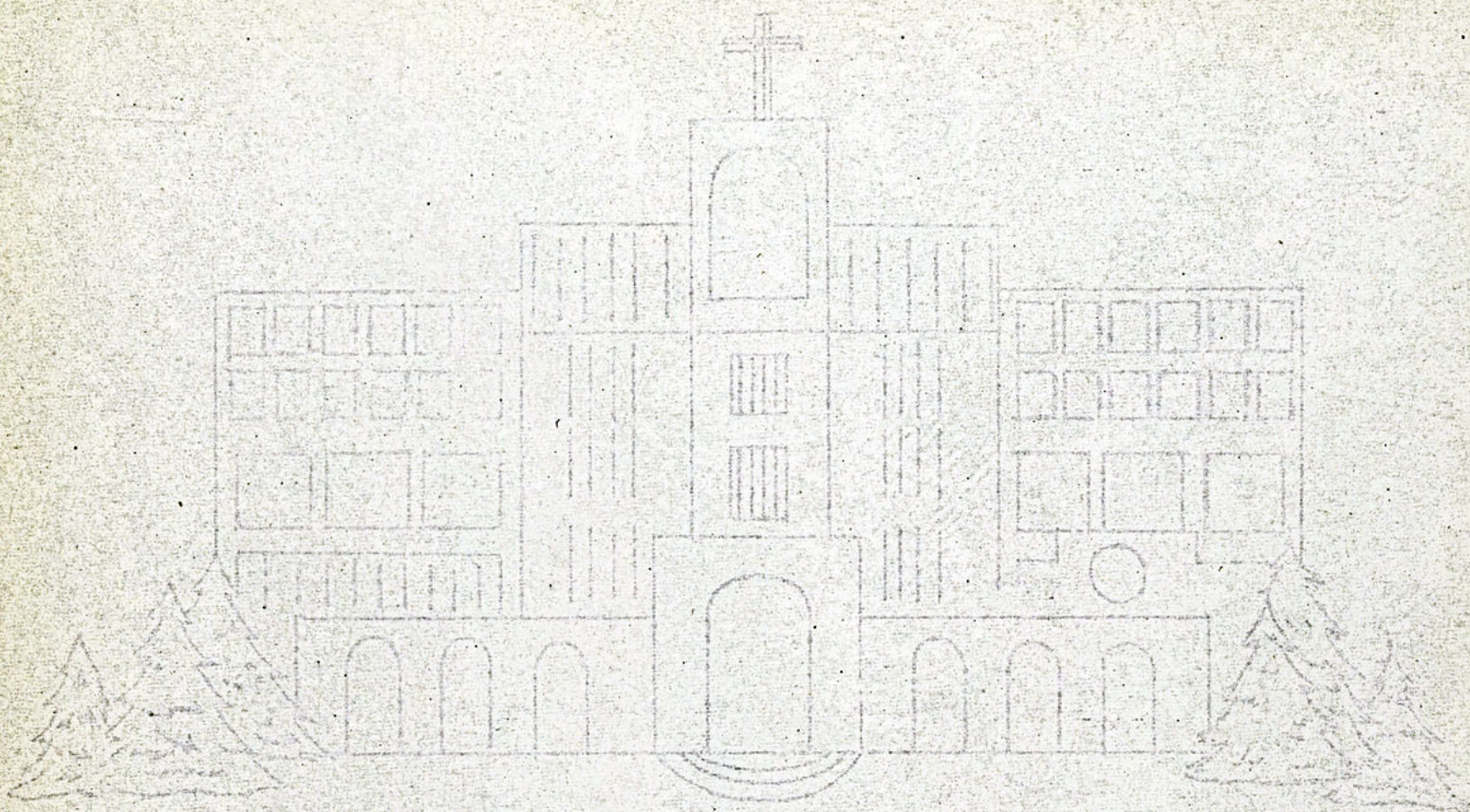
Statistical Report of Hospital Services  
Occupancy Data  
Medical Audit

Department of Medicine  
Department of Surgery  
Department of Anesthesia  
Department of Obstetrics  
Department of Eye, Ear, Nose and Throat  
Department of Orthopedics and Trauma  
Department of Pediatrics

Clinical and Pathological Laboratories  
X-ray  
Physiotherapy  
Dietary Department  
Medical Reference Library

Department of Nursing Service  
School of Nursing  
"Hospital Happenings"





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## REPORT OF THE PRESIDENT

It is one year since I assumed the position of Chief of Staff. I am pleased to step down for Dr. Phares. I feel certain that he will have a very good year.

I have enjoyed serving you and the hospital during the past year. I have been benefited by doing so and have learned a great deal. Important accomplishments have taken place during the year. What has been accomplished has been done with the help of every member of the staff. There has been active and willing cooperation from everyone. Every committee is at present well organized and active. The committees have been meeting monthly to discuss problems that come up. The records of the hospital staff are up to date and have been improving in quality. This improvement must inevitably result in improved service to the sick and injured.

I have enjoyed working with Sister Francis Xavier. She has many problems coming up every day and she has constantly approached these problems in a true Christian spirit. She is always very conscious of public relations. In dealing with staff problems she is always careful that no member of the staff is injured in any way whatsoever. Her every aspiration is to obtain improved service by the hospital and the members of the staff to the sick and injured.

The addition to the school of nursing was dedicated August 24, 1953. As a result we have an increase in the number of beds available in the hospital.

The 25th Anniversary of the present hospital was celebrated this summer, and 14 members of the medical staff were honored for having belonged to the staff since the present hospital was opened. Many improvements have taken place during this period in services rendered by the hospital and in increased proficiency in medical and surgical care by the members of the staff.

In closing I wish to review a sentiment expressed in the December issue of Minnesota Medicine: "Our extensive efforts at raising ethical and educational standards as individuals and as organized groups probably cannot be duplicated by any other profession. If our present voluntary activities of self-discipline were for sale, like other valuable services, the cost would stagger the imagination. This continuous struggle to deliver the best to the patient so frequently meets with disastrous exposure of our ranks to both the unscrupulous and the righteous among the laity, that one might pause and wonder whether it is worth the effort. Still we must contribute more, especially as medical organizations, to correct the less than 5% dishonesty and more than 15% professional intellectual apathy which exists among us." (We in this area have a better record than these figures represent.)

"The recently developed and successful "Medical Audit" of the medical staff of Grant Hospital in Chicago deserves the careful consideration of practically every hospital staff in Minnesota. Here is the present pinnacle of self-disciplining procedure in both the moral and intellectual fields designed for hospital organizations. The record or audit committee in Grant Hospital reviews the charts of each patient for: (1) completeness and accuracy, (2) correctness and substantiation of final diagnosis, (3) detection of errors in diagnosis, treatment, or judgment, and (4) complications. Each of these four categories of medical care are subdivided into several specific entries on printed cards. There eventually results a master card record of grades given the physician on items of importance relating to his care of each of his hospitalized patients. The record is available only to designated persons and to himself.

"Among the various benefits to the patient, the medical staff, and the hospital which have resulted from the use of this plan is a correction of the present defective Specialty Board Approval Method of selecting a hospital medical staff. The Medical Audit assures the general practitioner and the self-trained specialist of a fair and impartial trial for a competitive place in the hospital staff."

Karl A. Waeland M.D.



## A MESSAGE FROM THE ADMINISTRATOR

1953, our Silver Jubilee Year, will always remain a memorable one in the history of the St. Cloud Hospital. Reviewing the activities of the year convinces one of the wholehearted cooperation which has been evident in all the various activities that were undertaken.

The addition to the School of Nursing was, of course, the climax of our Jubilee and was made possible only through the prayers, understanding and material aid of many people. Through this project we were able to provide more hospital beds, giving us now a bed capacity of 315 plus 50 bassinets.

Although we have an increased number of beds available, we must not lose sight of the fact that many of our beds are occupied by patients requiring only nursing care--the chronically ill and the aged. Science has prolonged man's normal life but we have not kept pace in providing the proper facilities for these people--homes where they can live, as nearly as that is possible, normal lives. Each community has an obligation to provide these facilities. The people of St. Cloud do not fully understand this responsibility and it is up to those of us who recognize the need to bring it to their attention. We must be united first of all in our thinking and then also in how we express that thinking. All patients, the acutely ill, the chronically ill and the aged are our concern, but a general hospital like the St. Cloud Hospital is built specifically to provide care for the acutely ill. Other facilities should be provided to care for the chronically ill and the aged.

I want to thank the Chief of Staff and the members of the Executive Committee for the loyal support they gave the administration during the past year; the members of the Medical Records Committee who had the specific responsibility of making this committee active--meeting monthly and presenting their findings to the entire staff; the members of the Credentials and Tissue Committees and the doctors who taught either in the classroom, in the departments or on the wards. I want to thank very specially the doctors who so generously gave of their time and energy in caring for our sick Sisters. To all the members of the medical staff, I want to express sincere gratitude for the patience and understanding exhibited toward me personally and toward all the members of the hospital staff. I trust we can anticipate the continuance of this mutual understanding during the coming year.

*Sister Francis Xavier*

Sister Francis Xavier, O.S.B.  
Administrator



Officers of the Staff:

Dr. K. Walfred, President  
Dr. O. Phares, V. President  
Dr. C. Luckemeyer, Secretary  
Dr. V. Neils, Secretary (to  
finish Dr. Luckemeyer's  
unexpired term of office)

Executive Committee:

Dr. K. Walfred  
Dr. O. Phares  
Dr. C. Luckemeyer (to 7/1/53)  
Dr. V. Neils (after 7/14/53)  
Dr. T. Fleming  
Dr. E. Anderson  
Dr. H. Reif

Chiefs of Departments:

Dr. H. Sisk  
Dr. J. Beuning  
Dr. R. Jones  
Dr. F. Schatz  
Dr. R. Petersen  
Dr. E. Milhaupt  
Dr. C. Brigham Jr.  
Dr. C. Nessa  
Dr. P. Stangl

Credentials Committee:

Dr. C. Donaldson  
Dr. L. Veranth

Tissue Committee:

(appointed in July, 1953)

Dr. J. Beuning  
Dr. H. Sisk  
Dr. H. Clark  
Dr. F. Baumgartner  
Dr. P. Halenbeck

In Fall the faculty of the University of Minnesota conducted a seminar on "Diagnosis" which included discussion of a wide range of diagnostic procedures for office and hospital use.

REPORT OF THE SECRETARY

A review of the medical staff roster for 1953 shows a net increase of two members. The Army claimed the services of Drs. Carl Luckemeyer and N. Fidelman. Dr. F. Van Veen left St. Cloud to start practicing in Montana.

Newcomers were Drs. C. Thuringer, R. DeWeese, and L. Loes of St. Cloud, and Dr. R. Koenig of Paynesville. Dr. C. Nuebel practiced in Foley during the year but returned to St. Paul in November. Dr. V. Neils returned from Army service in Germany in March and in July was elected secretary to fill Dr. Luckemeyer's unexpired term of office.

There are now one Honorary Staff member--Dr. C. B. Lewis, 38 Active Staff members, 7 on the Associate Staff, and 5 on the Courtesy Staff.

Congratulations to Drs. C. Nessa and F. Schatz who have a record of perfect attendance at staff meetings during 1953. Drs. W. Autrey, G. Goehrs, R. Jones, O. Phares, and K. Walfred missed only one meeting. Attendance averaged 35 doctors.

The following programs were presented:

Jan.: Annual department reports  
Feb.: "Pathology that can be seen on Plain Films of the Abdomen", Dr. C. Nessa  
Mar.: "Clinical Use of Varidase", Dr. J. O'Keefe  
Apr.: "Acquired Diverticula of the Colon", Dr. Raetz  
May: "Subarachnoid Hemorrhage", Dr. H. Reif  
June: "Intracranial Hemorrhage in the Newborn", Dr. W. Richards  
July: "Toxemia of Pregnancy", Dr. F. Schatz  
Aug.: "Fifty-Nine Years as a Country Doctor", Dr. Geo. Sherwood  
Sept.: "Ruptured Appendix", Dr. L. Veranth  
Oct.: "Inguinal Hernia", Dr. K. Walfred  
Nov.: "Convergent Strabismus", Dr. W. Wenner  
Dec.: "Hemolytic Disease of the Newborn", Dr. Wittrock

An important change was made in the Constitution of the Medical Staff whereby the President is elected a year before he takes office. As President-elect during the intervening year, he is a member of the Executive Committee. Thus there will be seven doctors on the Executive Committee instead of six. It has also been stipulated that the three appointed members of this committee include the retiring Chief of Staff. The other two members are appointed by the President of the Staff and the Administrator.

Respectfully submitted,

*V. E. Neils*  
V. E. Neils, M. D.



STATISTICAL ANALYSIS OF HOSPITAL SERVICE  
1953

Service	Patients	Inf.		Deaths			Autopsies		Consultations		Hosp. Days	Avg. Stay
		No.	%	No.	%	P.O.	No.	%	No.	%		
Medicine	2096	0		194	9.00%	4	31	16%	174	8%	25500	12
General Surgery	1270	9	.7%	17	1.00%	9	3	17%	56	4%	9405	7
Obstetrics:												
Delivered	2165	11	.5%	0		0	0		25	1%	10114	5
Not Delivered	295	0		0		0	0		3	1%	643	2
Aborted	207	0		0		0	0		90	43%	741	4
Gynecology	666	4	.6%	5	.80%	0	2	40%	122	18%	4297	7
Eye	243	1	.4%	0		0	0		14	6%	1310	5
Ear, Nose, Throat	1586	0		1	.06%	1	0		24	2%	2876	2
Urology	441	0		11	3.00%	2	4	36%	74	17%	3988	9
Orthopedics	338	0		0		0	0		33	10%	4412	13
Dermatology	96	0		1	1.00%	0	1	100%	3	3%	739	8
Pediatrics	982	0		9	.90%	0	3	33%	21	2%	6579	7
Tuberculosis	11	0		1	9.00%	0	0		2	18%	104	9
Communicable	239	4	2.0%	5	2.00%	0	1	20%	18	8%	5023	21
Trauma	651	3	.5%	20	3.00%	1	2	10%	52	8%	7662	12
Neurology	47	0		4	9.00%	0	2	50%	12	25%	737	16
Psychiatry	84	0		1	1.00%	0	0		10	12%	644	8
Total	11,417	32	.3%	269	2.00%	17	49	18%	733	6%	84774	7
Newborn	2162	1	.05%	36	1.70%	0	4	11%	1		10693	5
ALL PATIENTS	13579	33	.2%	305	2.00%	17	53	17%	734	5%	95467	

RESULTS

Recovered	7210
Improved	4888
Not Improved	326
Not Treated	54
Diagnosis Only	796
Deaths under 48 hours	95
Deaths over 48 hours	210
Aborted fetus	57
Stillborn infants	36

Male patients	5280
Female patients	8299
St. Cloud patients	6422
Out-of-city patients	7157
Catholic patients	9762
Others	3817

Average number of  
physicians attending  
patients each month . . 46

Average number of  
doctors at staff  
meeting . . . . . 35

SURGERY

	Major	Minor	T & A's
General Surgery . . . . .	898	1285	
Gynecology . . . . .	284	390	
Urology . . . . .	151	230	
Orthopedics . . . . .	74	143	
Neurosurgery . . . . .	1	0	
Eye . . . . .	138	129	
Ear, nose, and throat. .	118	514	861
Obstetrics . . . . .	46	188	
	1710	2879	861

FROM THE DISCHARGE ANALYSIS - - - - -

Patients with carcinoma discharged:			
Medicine	85	Surgery	43
Gynecology	43	Urology	49
Neurology	2	Trauma	1
Orthopedics	7	ENT	4
Tbc.	2	Pediatrics	7
Total	243		

Male infants discharged: 1098    Females: 1064  
(31 twin births)  
(1 triplet birth)

Fracture patients discharged: 333

Major emergencies in surgery: 341    Minor: 930



OCCUPANCY DATA  
1953

Patients in the hospital December 31, 1952...	270
Admissions in 1953 .....	11411
Newborn in 1953 .....	2153
Total number of patients treated .....	13834
Discharges	13274
Deaths	305
Patients remaining, Jan. 1, 1954 .....	13579
	255

\* \* \* \* \*

	1952	1953
Daily average of discharges and deaths .....	36	37
Total number of outpatients registered ....	11327	11229
Adult and pediatric patient days .....	85371	87551
daily average .....	234	240
average days' stay .....	7	7
Newborn patient days .....	10868	10547
daily average .....	30	29
average days' stay .....	5	5

\* \* \* \* \*

304 patients were cared for in the Isolation Ward during 1953. In addition 20 patients were admitted for spinal tap only.



# MEDICAL AUDIT

## St. Cloud Hospital

## Standards for Hospital Accreditation\*

Average bed occupancy, adults and pediatrics: 240  
 Average bed occupancy, newborns: 29  
 (In lieu of a better solution to the problem,  
 these percentages are figured on the hospital's  
 adult and pediatric bed capacity since 11/1/53  
 --315 beds, and a newborn capacity of 50.)

76%  
58%

80% is top limit for  
 efficient bedside care

Average days' stay, adults and pediatrics:

7 days

6 - 10 days

By service: Medicine 12 days  
 General Surgery 7 days  
 Obstetrics delivered 5 days  
 " not delivered 2 days  
 " aborted 4 days  
 Gynecology 7 days  
 Eye 5 days  
 ENT 2 days  
 Urology 9 days  
 Orthopedics 13 days  
 Dermatology 8 days  
 Communicable 21 days  
 Traumatic Surgery 12 days  
 Neurology 16 days  
 Psychiatry 8 days  
 Tuberculosis 9 days  
 Pediatrics (children  
 medical) 7 days

Average days' stay, newborn:

5 days

Percentage of deaths:

2%

4% is maximum

Percentage of autopsies: 53

17%

20% - 30% lowest accep-  
 table rates

Postoperative deaths (within 10 days of surgery)

.4%

1% considered excessive

(This is the number of deaths compared to all surgery.)

Maternal deaths

None

.25% considered high

Ratio of instances of puerperal morbidity to total  
 number of deliveries: 11 patients, 2198 deliveries  
 (An etiology of infection has not been established  
 for all of these.)

.5%

2% is maximum.

Cesarean sections:

2%

not over 3% - 4%

Infant deaths: Viable births, 2140; deaths, 23

1.1%

not over 2%

Consultations:

5%

15% - 20% desirable

\*These are the standards used by the Joint Commission on Accreditation of Hospitals in  
 its program of inspecting and accrediting hospitals.



DEPARTMENT OF MEDICINE  
1953

For statistical purposes several allied services are included in the following tables and charts for the medical service. Only adult patients are included in this report.

The average period of hospitalization both for medical cases alone, and for medicine and allied services together, was 12 days. This is illustrated in the following table.

	PATIENTS	HOSPITAL DAYS	AVERAGE STAY
Medicine	2096	25,500	12 days
Dermatology	83	615	7.4 "
Tuberculosis	11	104	9.5 "
Communicable	70	1,728	24.7 "
Neurology	40	691	17.2 "
Psychiatry	84	644	7.7 "
Total	2384	29,282	12 "

Table I. Average Period of Hospitalization

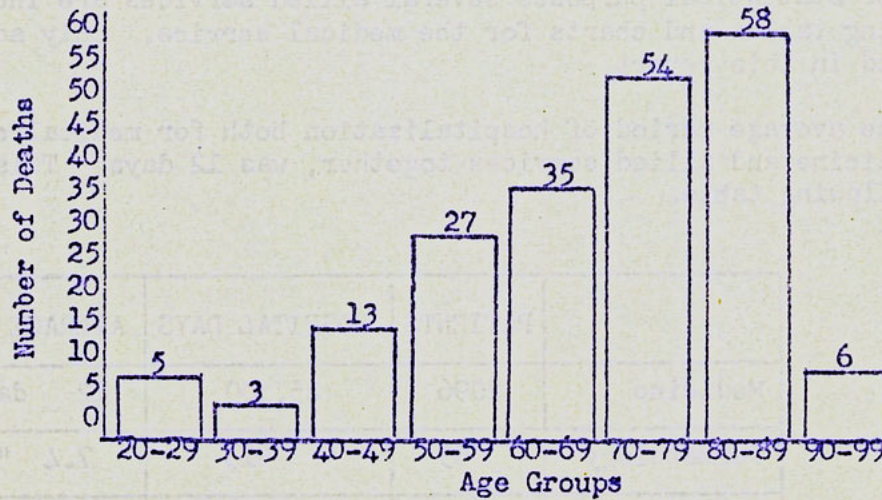
The death rate (ratio of all deaths to total discharges) and the number of autopsies are graphically shown in Table II.

	PATIENTS	DEATHS	DEATH RATE	AUTOPSIES
Medicine	2096	194	9 %	31
Dermatology	83	1	1 %	1
Tuberculosis	11	1	9 %	0
Communicable	70	3	4 %	1
Neurology	40	2	5 %	1
Psychiatry	84	1	1 %	0
Total	2384	202	8.5%	34

There was a total of 34 autopsies or an autopsy rate of 17%. With a little effort this rate could have been increased to at least 25% which is the minimum rate for hospitals having an intern program. Perhaps this goal can be achieved during 1954.



An analysis of the deaths on the medical and allied services is made in the following graphs:



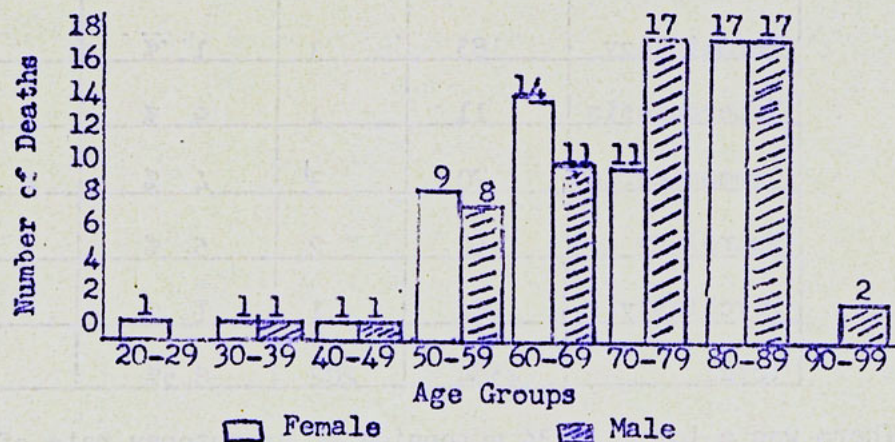
I. Deaths by Age Groups

An attempt is made to break down the deaths into three major groups--cardiovascular-renal, pulmonary, and malignancies, as shown in Graphs II, III and IV. The following cases are not included:

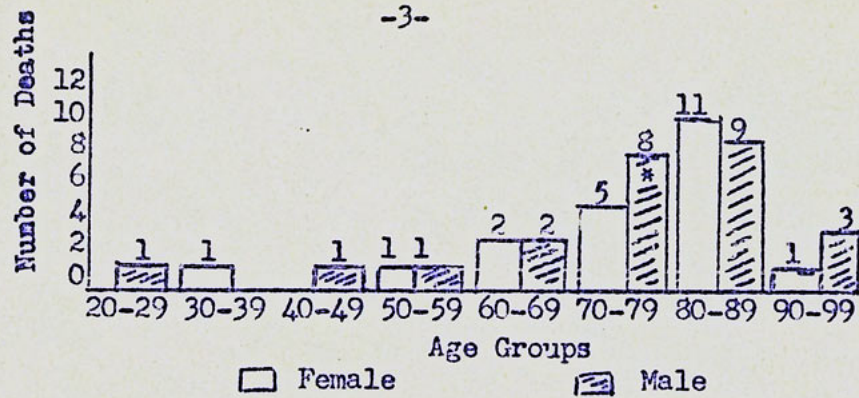
F	age 21	Gunshot wound
F	age 29	Bulbar polio
M	age 43	Bulbar polio
M	age 47	Encephalitis and pneumonia
M	age 48	Encephalitis
F	age 55	Pemphigus and pneumonia
M	age 60	Perforated duodenal ulcer with peritonitis
F	age 70	Diffuse hydrocephalus and pneumonia

Three of these could very well be added to the graph on pulmonary diseases but are omitted because of some question as to the exact cause of death.

II. Cardiovascular-Renal Diseases

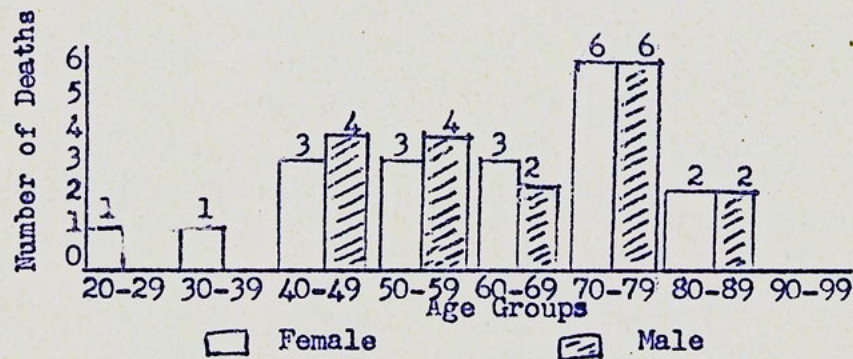






\*Includes 1 case of perforated gastric ulcer and pneumonia

### III. Pulmonary Diseases



### IV. Malignancies

I would like to take this opportunity to thank all the members of the Medical Staff for their efforts to improve the medical records.

Last, but not least, I extend my sincere thanks to the staff of the Medical Records Department for their cooperation during the past year and especially for their work in compiling the statistics that make this report possible.

Respectfully submitted,

*Harvey E. Sisk*

Harvey E. Sisk, M. D.  
Chief, Department of Medicine



1953

# DEPARTMENT OF SURGERY

Surgery performed:	Major		Minor	
	1952	1953	1952	1953
General Surgery . . . . .	808	898	1296	1285
Gynecology . . . . .	279	284	396	390
Urology . . . . .	103	151	234	230
		1952		1953
Blood and plasma transfusions		1657		1484
Circumcisions on newborn		869		865

1710 major operations of all kinds were performed. There was a total of 24 surgical deaths in all services. Except for one 5-week-old child with congenital abnormalities, the youngest of these patients was 60 years old, and all the others were 64 or more. The average age was 73 and most of these deaths were patients with metastatic carcinoma of one type or another, so it is obvious the surgeons had two strikes against them before they started. The over-all mortality rate was 1.4%. This seems to be very good.

Thirteen infections were recorded in 1953 compared to 16 in 1952.

A new Birtcher cautery machine was purchased by the hospital. The operating suite is equipped to do cholangiograms. If this procedure is anticipated, the O. R. would like to be notified at least the day before so that arrangements can be made with the X-ray Department.

The Instrument Pool has a new member, Dr. Wm. Autrey. During the year a Miller cautery machine was purchased for \$320.00. Instruments were repaired and new ones purchased including two dozen straight Kelly forceps, one dozen Ochsner forceps and a number of sponge forceps and retractors. The supply of bone fixation material was replenished. There is now a balance of \$422.65 on hand.

Sister Carmen, O.S.B., R.N., Assistant Supervisor and Clinical Instructor, returned in February from a postgraduate course in surgical nursing at St. Mary's Hospital, Rochester. Mrs. O. Severson, R.N., was replaced by Miss A. Rosen, and Miss P. Walsh, R.N., who left to be married was replaced by Miss M. Peterson, R.N.

During several years of observation in the surgical department and auditing of surgical records, it is impossible to escape the formation of a few opinions.

No individual feels he should be the judge of his fellow-practitioner's ethics or surgical judgment. For that reason I feel the recent establishment of a record committee to which questionable charts can be referred is a big step forward. The quality of the surgical records, it seems to me, has definitely improved during the past year, and I think this is evidence that patient care is likely to have improved also.

Beyond this, I feel that some method of procedure should be instituted to define the activities of new members of the surgical staff. There has been a loose and unwritten understanding that men just beginning practice after their internship associate themselves with one or another member of the already-established staff in order to receive needed help with their problems. I would like to suggest that a requirement of a certain number of surgical procedures under supervision, or a definite time period be established. At the end of this period a surgical committee should review the work



done and determine whether full surgical privileges should be granted. I realize that ethics and morals cannot be legislated, yet it seems to me that some such regulatory procedure would avoid a few of the troubles that seem to arise each year.

A conscientious approach is the basis of good surgery, of course, and no matter what regulations are made in the surgical department, it is still up to the individual surgeon to see to it that his patient gets the kind of care that stands up under review according to standards set by the Joint Commission on Accreditation of Hospitals.

Respectfully submitted,

*John B. Beuning*  
J. B. Beuning, M. D.  
Chief, Department of Surgery



DEPARTMENT OF ANESTHESIA  
1953

Anesthetics given:	<u>1953</u>	<u>1952</u>	<u>1951</u>
Ether and vinethene	1251	1041	934
Pentothal sodium (balanced anesthesia)	2135	2125	2001
Cyclopropane (balanced anesthesia)	65	44	89
N <sub>2</sub> O and O <sub>2</sub> (balanced anesthesia)	17	36	41
Others	<u>170</u> 3638	<u>93</u> 3339	<u>104</u> 3169

4,563 cylinders of oxygen were used in 1953. This is an increase of 1500 cylinders over 1952 and more than twice as much as that used in 1951.

New equipment purchased for the oxygen department includes 4 Aersol Nebulizers for use with oxygen, 4 Melco oxygen tents, 1 plastic face tent and several other types of oxygen masks.

Sister Francesca, O.S.B., left the department in November for a new assignment at Community Hospital, New Prague, Minnesota. Miss L. Westby has been with us since March, 1953.

The School of Anesthesiology graduated its first class of two students on January 3. Sister Gertrude, O.S.F., is now working in Shakopee, Minnesota; and Sister Virgene, O.S.B., is staying here. Two more students began their training on September 1. The school is approved by the American Association of Nurse Anesthetists.

Intratracheal anesthesia was used to a greater extent during 1953, especially for eye patients where recession-resection was done, also in cases of abdominal surgery where the patient was obese or otherwise a bad risk.

We wish to express our sincere appreciation to the Medical Staff and the administration for their generous assistance to this fledgling school. Beginnings are always difficult, but with the help given by doctors and hospital personnel, we think this first year was successful.

Respectfully submitted,

*R. N. Jones, M.D.*

R. N. Jones, M. D.  
Chief, Department of Anesthesiology



DEPARTMENT OF OBSTETRICS  
1953

	<u>1952</u>	<u>1953</u>
Deliveries	2139	2198
Maternal deaths	1	0
Puerperal morbidity*	15	11
Rate of Cesarean sections	1.9%	2%

Types of Deliveries

Spontaneous	1776	1861
Forceps	240	193
Breech	53	55
Manual	30	44
Cesarean	40	45

Newborn Data

Viable births	2085	2140
Non-viable babies born	18	13
Total live births	<u>2103</u>	<u>2153</u>
Deaths	All: 51 - 2.4%	36 - 1.7%
	Viable: 33 - 1.6%	23 - 1.1%
Stillbirths	23	36
Twin births (discharged)	24	31
Triplet birth	0	1
Circumcisions	869	865

\*The instances of puerperal morbidity are largely unaccounted for in the progress notes, and an infection etiology for all of them is doubtful.

The statistics show an increase in the number of deliveries, no maternal deaths, and a decrease in the instances of puerperal morbidity. Delivery by forceps has dropped from 11% to 9%. The indications for the use of forceps are only occasionally recorded on the chart. In many instances the time between the physician's arrival, according to the nurses' notes, and the baby's birth varies from 10 to 15 minutes. There is disagreement sometimes between the doctor's record of the delivery and the nurse's notes as to the position of the fetal head at the time forceps were used. For low forceps, the vertex is down on the perineum, and outlet forceps are used when crowning has started.

The use of forceps for delivery is a part of operative obstetrics, and indications for their use should be included in the obstetrical record. It may be well to review these indications again at this time. According to Whitacre, Titus, and Greenhill they are:

1. To shorten the second stage when labor is prolonged. Approximately one to two hours after the head is on the perineum and progress has ceased.
2. Arrest of rotation of head, i.e., occiput posterior or transverse arrest
3. Complications which affect the mother primarily and the child secondarily such as eclampsia, fever, infections during labor; many acute and chronic diseases --tuberculosis, heart disease, pulmonary edema, appendicitis--and other abnormal conditions such as placenta praevia and abruptio placenta.



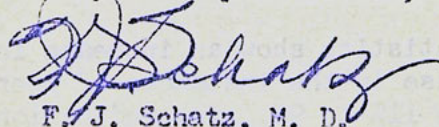
4. Complications affecting the baby, e.g., fetal anoxemia, alteration of heart tones, face and brow presentations to correct position
5. Prolapse of cord occasionally when version and extraction might be too dangerous
6. Mild degrees of contracted pelvis
7. Aftercoming head

It is also recommended that an Rh factor be done on all obstetrical patients who present themselves for care. Where the patient is Rh-, it is advisable that the husband's factor should be determined also in order to decide what might be the outcome of the pregnancy, and necessary preparations could be made in advance of the delivery for proper treatment of the baby.

It is recommended that the Rh factor of the mother and of the father also, if taken, be recorded in the hospital chart of the patient.

Determining the Rh factor of obstetrical patients has become standard practice to the extent that omission of it may be cause of a law suit on grounds of negligence.

Respectfully submitted,



F. J. Schatz, M. D.  
Chief, Department of Obstetrics



E E N T DEPARTMENT  
1953

	<u>1952</u>	<u>1953</u>
Eye Patients		
Adults	157	181
Children	49	62
Eye Operations		
Major	122	123
Minor	123	129
Hospital days, eye patients (all)	1304	1310
 E N T Patients		
Adults	519	559
Children	862	1027
E N T Operations		
Major	166	118
Minor	380	514
T & A's on children	755	861
Hospital days, ENT patients(all)	2476	2876

In conclusion, it would seem advisable to mention a few thoughts regarding our general T & A's. First, there is a question in my mind as to whether the preoperative medication for children in this department is satisfactory. At the present time we use the pediatric chart which prescribes codeine and atropine routinely. It would seem that this is not a satisfactory preparation for many of our T & A patients. Anyone can witness this fact by watching the extremely agitated condition of these children as they are brought to the operating table. Part of the difficulty is in the admission of patients the morning of operation, giving inadequate time for preoperative preparation. The suggestion is made that at least some barbiturate be used for better sedation either by mouth or preferably by rectal suppository.

A second suggestion is to use intratracheal anesthesia more often for these patients. Although the procedure appears clumsy the first time or two, it would seem that the advantages greatly outweigh the disadvantages. Almost any anesthesiologist will admit that drop-ether anesthesia without an intratracheal tube is one of the most difficult anesthetics to give. It is certainly my experience that it is most difficult for the surgeon.

In 1953 we performed perhaps a dozen or more T & A's under intratracheal anesthesia. It was necessarily a slowing-up process at first due to arranging the proper type of intratracheal tube, etc.

Many surgeons in other hospitals have used the intratracheal anesthetic for many years with extremely satisfactory results. I would suggest that many of us consider this better type of anesthetic procedure.

Respectfully submitted,

*E. N. Milhaupt*

E. N. Milhaupt, M. D.  
Chief, E E N T Department



DEPARTMENT OF ORTHOPEDICS AND TRAUMATIC SURGERY  
1953

During 1953 there occurred a total of 758 fractures. Of this total, 376 were cared for on an outpatient basis and 383 were hospitalized. Listed below are the fractures according to the bones involved:

	<u>Hospitalized</u>	<u>Outpatients</u>
Skull and facial bones	50	15
Ribs, clavicle, spine, pelvis	115	75
Lower extremities	131	94
Upper extremities	87	192

Forty-four of the fractures of bones of the extremities suffered by hospitalized patients were treated with internal fixation--this is 20%.

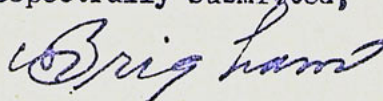
It is interesting to note that during the year three patients were admitted for removal of fixation material because some irritative phenomenon had occurred due to the material used for fixation. One man had had a femur plated some thirty years ago. Another had experienced some difficulty twelve months following intramedullary pinning of metatarsals. The third developed a false bursa over the side plate and screw used in fixation of an intertrochanteric fracture of the femur. There is no recorded evidence of osteomyelitis or soft-tissue infection directly due to operative intervention for any of the forty-five internal fixations done in 1953.

Deaths due to trauma were as follows:

Injuries of head, 8; ages 16, 20, 23, 35, 50, 57, 60, 75  
Transection of cervical cord, 1; age 46  
Burns, 2; ages 25, 80  
Fracture of femur, arteriosclerotic heart disease and pneumonia, 4;  
ages 84, 89, 89, 81  
Fracture of femur, cerebral hemorrhage, 1; age 84  
Fracture of femur, pneumonia, 2; ages 87, and 84  
Fracture of femur, ulna, radius, and ribs; bronchopneumonia, diabetes, 1;  
age 64  
Accidental ingestion of poison, 1; age 2

A new device for lifting the disabled patient has been on trial in the hospital and has proved useful for many types of disabled patients but especially beneficial for the patient confined in traction in that it has facilitated the changing of linens, giving back care, and other nursing procedures without too much disturbance to the patient.

Respectfully submitted,



C. F. Brigham Jr., M. D.  
Chief of Orthopedics and Trauma



DEPARTMENT OF PEDIATRICS  
1953

	<u>1952</u>	<u>1953</u>
Patients under 2 years of age	615	640
Patients between 2 and 14	1719	2028
Hospital days of care	11952	14263

The number of patients according to service is as follows:

	<u>1952</u>	<u>1953</u>
Medicine	891	982
Surgery	203	175
Gynecology	6	3
Orthopedics and trauma	141	196
Urology	24	35
Dermatology	26	13
Eye	49	61
ENT	862	1027
Communicable	131	169
Psychiatry	1	0
Neurology	0	7

One-hundred-four children with polio were admitted to the Isolation Ward--58 boys and 46 girls. There was one death in this group--a 12-year-old boy. It is interesting to note that while convalescing two of these children contracted measles, one had chickenpox, and one, acute tonsillitis.

During 1953 four rooms with 10 beds were added to the department of pediatrics bringing the total bed capacity of the department up to 48. New equipment purchased during the year includes 2 croupettes and 6 cribs; a bottle warmer was ordered some time ago but has not yet arrived.

A television set and a record player were given to the department as gifts. These have added materially to the enjoyment of convalescence by the children.

Supervision of the sick children by Sister Mary Dominic and the graduate nurses, and care of them by the student nurses has been on a very high plane throughout the year.

Respectfully submitted,

*R. T. Petersen*

R. T. Petersen, M. D.  
Chief, Department of Pediatrics



DEPARTMENT OF CLINICAL AND PATHOLOGICAL LABORATORIES  
1953

Hematology . . . . .	32,346	Serology . . . . .	1,762
R.B.C.	5923	Agglutinations	221
W.B.C.	6963	Blood Mazzini	1382
Hemoglobin	8545	Heterophile antibody	31
Bleeding time	1740	Rh antibody titre	49
Coagulation time	1740	Coombs test	68
Differential	5701	Genotype	1
Capillary fragility test	1	Skin test for trichomonas	7
Venous clotting	43	A.S.O. titre	3
R.B.C. fragility test	7		
Hematocrit	25	Bacteriology . . . . .	2,409
Clot retraction	2	Animal inoculations	107
Platelet count	49	Sensitivity tests	78
Prothrombin time	687	Histoplasmin skin tests	3
Reticulocyte count	13	Semen examinations	2
Sedimentation rate	848	Cultures:	
Eosinophile count	9	Tbc.	164
Concentration of hemo-		Blood	87
globin in irrig. fluid	47	Sputum	90
Nasal smear for eosin.	1	Stool	21
Volume index	1	Throat and nose	40
M.C.D.V. Index	1	Urine	281
Blood Chemistry . . . . .	2,477	Bronchi	5
A. G. Ratio	38	Ear	31
Calcium	27	Skin scrapings	1
Chlorides	61	Milk	124
Cholesterol	56	Gastric washings	83
Glucose Tolerance	46	Eye	19
Icterus Index	172	24-hour urine	7
Non-protein nitrogen	142	Food examination	1
Phosphatase	39	Water	10
Phosphorous	6	Vagina	1
Sugar	1257	Cough plate	2
Cephalin cholesterol	29	Miscellaneous	99
Total protein	53	Smears:	
Brom. sulphalein	15	Gram's smears	880
Urea nitrogen	384	Tbc.	273
Uric acid	18		
van den Bergh	9	Parasitology . . . . .	304
CO <sub>2</sub> combining power	26	Stool for parasites	105
Creatinine	16	Rectal smears	178
Serum bilirubin	17	Malarial smears	21
Thymol turbidity	16		
Vit. A absorption test	3	Tests on spinal fluid:	
Serum amylase	18	Spinal fluid examinations	319
Urea clearance	3	Spinal fluid protein	256
Blood alcohol	11	Spinal fluid sugar	197
Serum sodium	2	Spinal fluid cell count	246
Thiocyanate level	7	Spinal fluid culture	62
Analysis of compound	1	Spinal fluid smear	62
Cholesterol esters	1	Spinal fluid chlorides	5
Carbon monoxide	1	Colloidal gold	14
Kepler's water test	1	Spinal fluid Mazzini	12
Barbiturate test	1	Spinal fluid salts	1
Blood urobilinogen	1		



Urology . . . . . 9,545  
 24-hour urine for analysis 1  
 Urine for bile 1  
 Cystoscopic 102  
 Melanin 2  
 Addis Count 2  
 Routine urinalysis 9270  
 Urine urobilinogen 5  
 24-hour urine calcium 1  
 Acetone diaconate and sugar 90  
 Urine for porphyrine 2  
 Fermentation 2  
 Urine bilirubin 3  
 Urine Ph. 1  
 Urine alcohol 8  
 Urobilinogen feces 5  
 Urine for fructose  
 and lactose 1  
 Quantitative albumin 3  
 Bence Jones protein 2  
 Porphobilinogen 2  
 2-glass urine test 5  
 Bile acid 1  
 Concentration test 1  
 3-glass urine test 3  
 Sulkowitch test 1  
 P.S.P. 31

Autopsies (Hospital deaths) 53  
 Autopsies on former  
 patients--reports filed here 4

Blood bank . . . . . 7,927  
 Blood typing 1482  
 Compatability 1876  
 Donors 1032  
 Rh factors 2022  
 Blood transfusions 1368  
 Plasma transfusions 102  
 Serum albumin transfusions 14  
 Dextran 18  
 Phlebotomy 4  
 Paternity test 2  
 M & N's 7

Miscellaneous . . . . . 2,372  
 Basal metabolism 358  
 Gastric analysis 434  
 Diagnex test 3  
 Stone analysis 7  
 Electrocardiograms 1053  
 Stool chemistries:  
 Occult blood 513  
 Bile 1  
 Nitrogen 1  
 Fat 2

Tissues 2,782  
 Gross 38  
 Microscopic 2464  
 (including 59 frozen  
 sections and 18 bone  
 marrow biopsies)  
 Pregnancy tests 280

New equipment and new diagnostic procedures have been added to the laboratory to increase efficiency. The old staff meeting room is being converted into additional laboratory space. The present space is crowded and this additional space will also make for efficiency.

The usual number of students has been graduated and their places taken by new applicants.

There have been some personnel changes in the laboratory and new graduate technicians have been added.

We have had word from Dr. T. Simon that he will return to St. Cloud before the end of 1954.

Respectfully submitted,

*P. E. Stangl*  
 P. E. Stangl, M. D.  
 Director



## DEPARTMENT OF RADIOLOGY

## Annual Report

1953

Comparable statistics for this department are as follows:

Diagnostic examinations:	<u>1951</u>	<u>1952</u>	<u>1953</u>
	16,462	17,456	26,338

## X-Ray Treatments:

Deep Therapy	2,364	2,685	2,332
Superficial Therapy	979	1,120	976

After one year of routine roentgen examinations of the chest (taken on all persons fourteen years of age and over, who have not had a chest x-ray within six months) we are able to present a rather detailed report which we feel will be of interest and value to all concerned with the program. The following is a breakdown of the findings on a total of 6,479 routine admission chest x-rays for the past year:

Tuberculosis	
Active.....	6
Inactive.....	32
(Not including calcified lesions or Ghon complexes.)	
Questionably active.....	6
Pneumonia	
Unsuspected.....	80
Surgery scheduled & cancelled.....	6
Tumors	
Metastatic lesions.....	8
Cardiac Abnormalities.....	280
Aortic Abnormalities.....	282
Pleural Effusion.....	31
Diaphragmatic Lesions.....	1
(Excluding adhesions)	
Pneumothorax.....	3
Pleural Thickening.....	235
Pulmonary Congestion.....	147
Pulmonary Edema.....	21
Atelectasis.....	96
Emphysema.....	20
Fibrosis.....	16



continued...

Histoplasmosis.....	6
Situs Inversus.....	2
Others: rib fractures, rib anomalies, scoliosis.....	104
Questionable findings.....	40
Total.....	1,428

Although everyone has cooperated in carrying out the program of routine chest examinations, our greatest difficulty arises in seeing that obstetric patients receive a chest x-ray examination shortly after admission. Several doctors on the Staff have circumvented this difficulty by having their obstetric patients report to the X-Ray Department during the last month of their pregnancy.

It might be noted here that for the past three years, all hospital personnel have been required to have a chest x-ray taken on the first day of employment and a subsequent examination is made yearly.

Five students were graduated from the School of X-Ray Technology in 1953. The present enrollment is nineteen; eleven first year students and eight second year students. In addition, the technical staff consists of six registered and one graduate technician.

We appreciate the cooperation shown by the physicians on the Staff and the personnel of the Hospital during the past year.

Respectfully submitted,

Curtis B. Nessa, M.D.  
Curtis B. Nessa, M. D.

Edw Anderson, M.D.  
Edward M. Anderson, M. D.

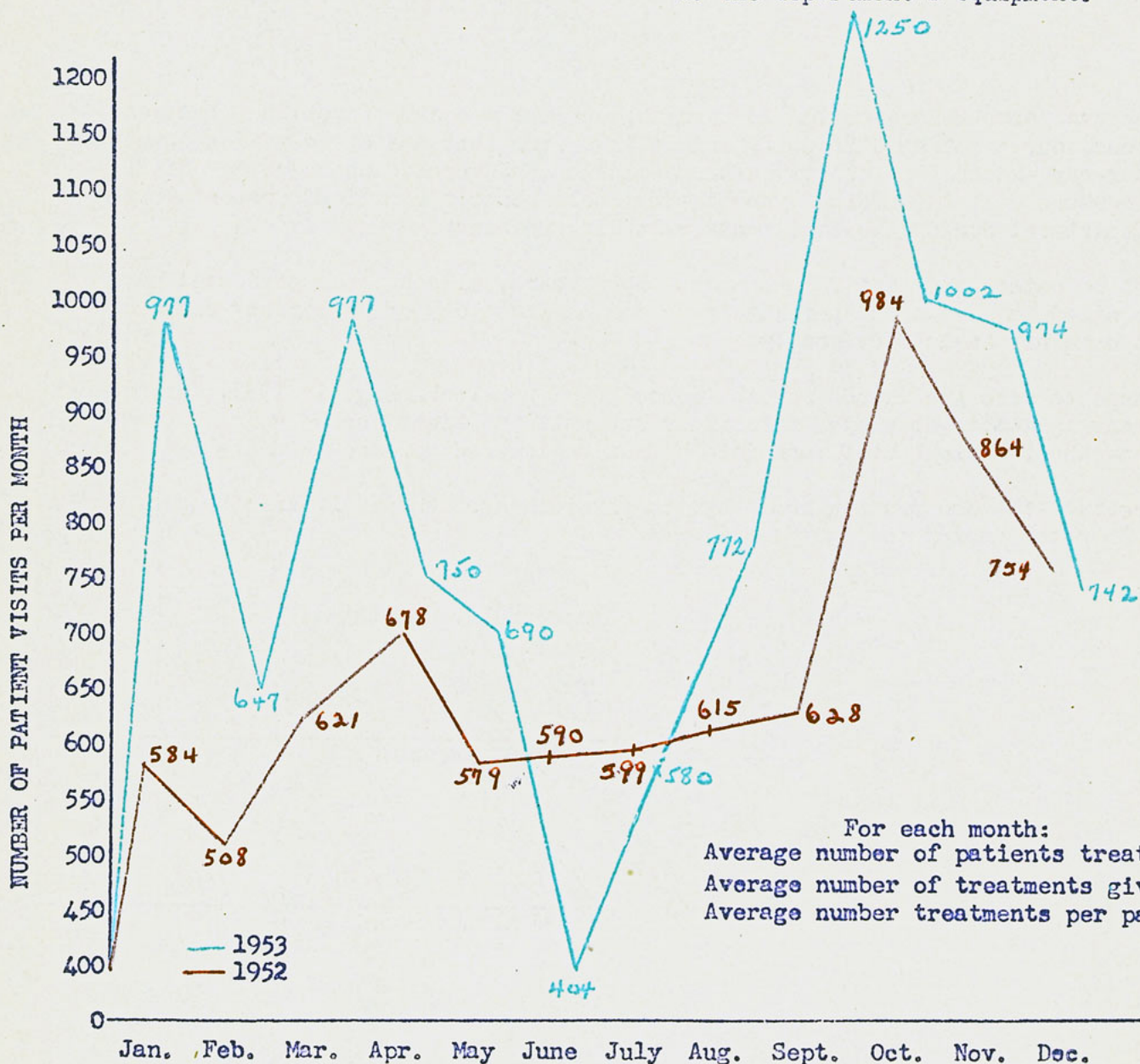


PHYSICAL THERAPY DEPARTMENT  
1953

MODALITIES USED:	1952	1953
Exercise	4109	6294
Massage	997	236
Infra Red	79	215
Whirlpool	1306	1288
Diathermy	3066	2546
Hot packs	578	661
Muscle reeducation	2692	4553
Ultra Violet	201	100
Gait training	329	393
Electrical stimulation	63	190
Muscle test	181	263

During the past year two additional personnel have been added to the Physical Therapy Department. They are Sister Regina, O.S.B. who is a registered Physical Therapist and Mrs. Hahn who is doing the diathermy treatments in the patients' rooms. Sister Cantia, O.S.B., left us last summer to go to St. Benedict's Hospital, Ogden, Utah.

A 1,000-watt infra red lamp was added to the department's equipment.



For each month:  
Average number of patients treated 112  
Average number of treatments given 751  
Average number treatments per patient 6.6

*Emmet A. Shaugency*  
Director Physical Therapy



# REPORT OF THE DIETARY DEPARTMENT 1953

The salt brine refrigeration system which had given service for 25 years needed replacement. After careful investigation and study, Frigidaire units were installed. The built-in, reach-in boxes were replaced by 27 cu. ft. Frigidaire; a 44 cu. ft. unit was added to the Main Kitchen and to the Diet Kitchen. Condensers were connected with the walk-ins. The addition of an adequate meat cooler and the changing of the former meat cooler into a deep freeze have greatly eased the meat-handling situation. Seven ice-cube makers have been installed in strategic points in the hospital, giving sanitary ice accessible at all times.

With the opening of 2 South another heated tray cart has been purchased and put to use for the serving of modified diets. An added supply of insulated coffee servers should help provide the patients with hot beverage. Special occasions are given consideration, the emphasis, however, being on service to the everyday detail for each patient. The "Happy Birthday" tray cover greeting the patient on his birthday gives a personalized flavor particularly pleasing to the patient.

With the elimination of the help of a part-time dietitian, a dietitian aide has been trained to do much of the routine work in the special diet kitchen so as to free the dietitian for the more important attention to the patient. Figures show that the number of modified diet trays served from the special diet kitchen is 24.5% of all trays served. That number is actually higher because during the year we initiated the policy of serving all bland, all soft low-sodium, and all high-caloric diets with corresponding modification from the serving pantry on the floors. Either the medical staff is becoming more diet conscious, or there has been a change in the type of patient to warrant such a high percentage of modified diets. The Diet Manual stays on as a good tool.

A survey of the records in the department includes the following statistics:

Total number of meals served:	1953	1952
Personnel . . . . .	377,934	357,296
Patients. . . . .	250,984	242,788
Daily average:		
Personnel . . . . .	1,035	976
Patients. . . . .	688	663

Total number of special diet trays served:	1953	1952	1943
Average number served each meal	61,602	53,858	25,854
Percentage of patient meals as special diets	56.5	49	23.6
	24.5%	22.2%	

## Types of Special Diets Served:

<u>Common diets</u>	<u>No. of days</u>
Allergy	435
Bland	708
Diabetic	2,648
Gallbladder	1,577
Gastroenterostomy	106
Hi-Caloric	93
Hi-Protein	96
Low-CHO	602
Lo-Cholesterol	783
Lo-Residue	536
Lo-Sodium	3,431
Minimum Residue	64

## Common diets

<u>Common diets</u>	<u>No. of days</u>
Non-Residue	62
Other Fat Restrictions	563
Puree	1,365
Reduction	1,618
Sodium-Poor	2,818
Selective	1,466
Ulcer	1,386
<u>Less Commonly Used</u>	
Acid-base ash	51
Dental soft	24
Gastric surgery	22
Hi-Residue	23
Lo-Purin	22
Miscellaneous	35



Type and number of diet instructions given as ordered:

Allergy	8	Minimum Residue	2
Bland	30	Non-residue	1
Diabetic	75	Other fat restriction	6
Gallbladder	53	Reduction	33
Gastroenterostomy	2	Sodium-poor	16
Gastric Surgery	1	Ulcer	71
Hi-Caloric	2	Lo-Sodium	40
Lo-Residue	17	Lo-Cholesterol	2
Lo-Cystine	1		

Total number of diet instructions given as ordered: 1953 1952  
360 294

In the Formula Room the following formulae were prepared:

Bakers	3,076 oz.	Homogenized milk, DM	1,432 oz.
Barley water	242	Homogenized milk, Karo	1,035
Biolac	54	Lactose	35,454
Biolac and Casec	112	Lactum	22,870
Boiled milk and water	96	Lactum, casec	180
Bremil	898	Mullsoy	1,276
Carnation and cartose	12,769	Nutramigen	288
Carnation and casec	543	Oatmeal, water	140
Carnation and Karo	8,278	Oatmeal, olac	96
Carnation and lactic acid	507	Olac	13,896
Carnation and sugar	408	Olac, cases	2,325
Carnation and water	7,764	Powdered protein milk	2,810
Casec	257	Similac	7,971
Dalactum	383	Similac, Karo	608
DM #3	202	Similac, casec	745
DM #1, Carnation and water	64,513	S M A	21,344
Eagle Brand	200	S M A and Arabon	192
Homogenized milk	39,693	Skim milk	304
Homogenized milk, cartose	1,363	Skim milk and water	64
		Homogenized milk, casec	1,738

Total amount prepared: 256,126 oz. Daily average: 701.1 oz.

The bacteriological count on samples sent for analysis was consistently good.

Respectfully submitted,

*Sister Glenore O.S.B.*  
Sister Glenore, O.S.B., M. S.  
Chief Dietitian



THE MEDICAL REFERENCE LIBRARY  
1953

What has been happening in the library during 1953?

We have made an effort to add to our growing collection of carefully selected, authoritative medical books and references of the latest editions.

You will notice a few more current journals which reflect recent developments in the specialties.

Most attention was directed to the development of the nursing school library which is actually housing books for use of the school faculty, students, and others. All books are catalogued in the school library. A complete catalog is maintained there and the facilities are for general use.

Now that there is adequate space for periodicals, we are attempting to complete our hitherto scattered collections. Periodicals published since 1950 will be kept in the medical reference library; older numbers will be housed in the storage section of the nursing school library.

During the year material for use in the preparation of papers for staff meetings was obtained from the libraries of the AMA and the ACS through their Package Services. These groups always gave prompt service.

We are grateful to the doctors who are helping to build the medical reference library.

Respectfully submitted,

*Sister M. Myron, O.S.B.*

Sister Myron, O.S.B., B.A.  
Librarian



DEPARTMENT OF NURSING SERVICE  
1953

Today it is statistically noted that only 3% of the nation's nursing care is given by professional people. Much has been written about the team-nursing plan which means that some of the less technical procedures are carried out by auxiliary personnel under the close supervision of a professional nurse. This demands much orientation and constant teaching.

At the St. Cloud Hospital auxiliary personnel called nurses' aides and male attendants begin work with a program of orientation and continue under constant supervision through in-service education by supervisors and head nurses. Specific personnel policies govern this group of workers and they are finding nursing assistance a satisfying and remunerative occupation.

Turnover of personnel with turnover of patients is one of the most taxing problems in the hospital. Teamwork is difficult to maintain when beginners must be substituted for trained personnel. Graduate-nurse policies providing for a 40-hour week, holidays, sick leave, and vacation plans have been responsible for a greater number of graduates staying with us for first-level positions after graduation. Likewise, policies for nonprofessional personnel have resulted in greater stability of staff, though the average stay of the worker in industry today is six months.

Inservice education programs have been started for the benefit of the graduate nurses who must be constantly informed of new procedures and treatments. Among these programs were demonstrations of teaching diabetic patients; methods of new drug administration; conservation of supplies, food and equipment; graduate nurses' contribution to student learning; genitourinary nursing care; problems clinics; professional grooming inventory; and proper use of leisure time.

On December 1, 1953, the staff giving complete nursing care in the hospital numbered 342 part and full-time workers. This is 59% of the entire personnel of the hospital.

	Full time		Part time
Graduate nurses	63	(40 hours per week)	14
Nursing Sisters	19		2
Students:			
Seniors	56	(38 hours per week)	
Juniors	55	(32 hours per week)	
Freshmen	56	( 4 hours per week)	
Licensed practical nurses	5	(44 hours per week)	1
Vocational nurses	1	(44 hours per week)	
Nurses' Aides	35	(44 hours per week)	25
Male attendants	4	(44 hours per week)	6

Emphasis on better written orders, histories, physical examinations and admission diagnoses has been a tremendous contribution to the nurses' efficiency. The responsibilities of the nurse are great in the hospital without internes and her duties include numerous treatments, tests, observations and judgments which might otherwise be taken care of by the resident medical staff.

The nursing staff wishes to thank the attending medical staff for its consideration and spirit of cooperation during the past year.

Respectfully submitted,

*Sister Mary Gerald, O.S.*  
Director



SCHOOL OF NURSING  
1953

The School of Nursing presents the following report:

There has been a rapid increase in student enrollment since the school's first graduating class:

<u>1911</u>	<u>1921</u>	<u>1931</u>	<u>1941</u>	<u>1951</u>	<u>1954</u>	
13	32	52	79	141	167	56 Freshmen 55 Juniors 56 Seniors

Members of the administrative and instructional staff, 1953:

	<u>Full Time</u>	<u>Part Time</u>	<u>Total</u>
Priests	0	1	1
Sisters	4	5	9
Lay Nurses	3	0	3
Technicians	0	1	1
Dietitians	0	1	1
Librarians	0	2	2
	<u>7</u>	<u>10</u>	<u>17</u>

Special lecturers and instructors:

Priests	0	1	1
Sisters	0	1	1
Doctors	0	<u>7</u>	<u>7</u>
		9	9
TOTAL	<u>7</u>	<u>19</u>	<u>26</u>

In March of 1953 the St. Cloud Hospital School of Nursing signed a contract with the Fergus Falls State Hospital for psychiatric affiliation. This became necessary because of increased enrollment in the school. The St. Cloud Veterans Hospital was not able to accommodate all of the students.

The School of Nursing Library contains 3518 volumes. Of this number 244 were added during 1953.

The School of Nursing became a landmark in central Minnesota in the year 1953. The completion of the building project was a satisfying experience to all concerned. The modern and well-equipped building was designed to meet the total needs of the student--namely, the spiritual, mental, emotional, physical, and social needs. The physical facilities will greatly aid the school in realizing its educational objectives and in practicing its philosophy.

Respectfully submitted,

*Sister Giovanni, O.S.B.*  
Sister Giovanni, O.S.B., B.S., R.N.  
Director of the School



HOSPITAL HAPPENINGS  
1953

- January St. Cloud Hospital was one of 67 individuals and business firms in St. Cloud honored at the annual "Orchids for Enterprise" banquet sponsored by the Chamber of Commerce.
- Because of the flu epidemic the St. Cloud Board of Health restricted visiting hours at the St. Cloud Hospital.
- Six free days of hospital care were given to all babies born in the hospital on New Year's Day.
- As of January 1 the hospital adopted a policy of semi-annual payroll periods. Prior to that time payroll checks were issued once a month.
- Sister Carmen returned from St. Mary's Hospital, Rochester, where she completed a postgraduate course in Surgical Nursing and is now a member of the operating room staff.
- Annual dinners were held for freshmen students of all four schools as well as for junior nurses and the upper classmen of the schools of Medical and X-ray Technology.
- February Sister Francis Xavier and Sister Mary Gerald attended an institute in hospital administration at the University of Minnesota.
- Renovating and painting were begun in the hospital chapel and continued all through the month of March.
- Sister Giovanni began a nurses' aide course for a group of local Campfire girls.
- The annual dinner for senior student nurses was held this month with supervisors and head nurses as special guests.
- March Eighteen Frigidaire reach-in refrigerators and 7 Frigidaire ice-cube makers were installed, replacing the salt-brine refrigeration system.
- Twenty-three of our nursing staff members were enrolled in a course in Ward Administration offered by the St. Cloud Teachers' College
- Sister Glenore attended a dietitians' institute in Chicago conducted by the American Hospital Association.
- Sister Francesca attended a national institute for nurse anesthetists held in Dallas, Texas.
- April The hospital took part in Education-Business day with staff members visiting the two high schools in the city.
- Six new cribs with specially high crib sides were purchased for the Pediatrics Department.
- Sister Lawrence and Sister Carmen attended an institute for Operating Room supervisors and instructors held at the University of Minnesota.
- The St. Cloud Hospital Blood Bank became an institutional member of the American Association of Blood Banks.



May

Dr. C. F. Brigham Sr. was given recognition by the Minnesota State Medical Association for his 50 years of medical practice.

The first triplets ever born in the St. Cloud Hospital arrived May 25.

The Staff Room was again converted into a tonsil ward, permitting the scheduling of 36 additional tonsillectomies each week for 10 weeks.

The Upper Midwest Hospital Conference held in Minneapolis was attended by 52 members of the hospital staff.

This month marks the first anniversary of the maternity tours with results warranting its continuance in the future.

Monthly tours for new employees were begun.

Father Riley, Sister Giovanni, Sister Annora, Sister Sebastine and Sister Sandra attended the Catholic Hospital Convention in Kansas City.

May 10 to 16 was proclaimed as NATIONAL HOSPITAL WEEK by Mayor Lawrence Borgert (now deceased). A pontifical High Mass celebrated by Coadjutor Bishop Peter W. Bartholome on May 11 in our hospital chapel officially inaugurated the celebration of the 25th anniversary of the opening of the hospital.

May 10 - Holy Mass was offered for all our patients.

May 12 - Holy Mass was offered for all our students and employees.

Sister Julitta and Sister Elizabeth were given medals of merit by Coadjutor Bishop Bartholome during a Pontifical High Mass in the hospital chapel for their unselfish and untiring devotion to the sick and dying for more than 50 years.

Forty-eight employees with 5 or more years of continuous employment at the St. Cloud Hospital were honored at a dinner.

Ten babies born in the hospital on May 12, National Hospital Day, were each given 5 days of free care.

June

Sister Michael and Sister Nivard attended a national meeting of medical technologists at Louisville, Kentucky. Sister Michael was appointed to the Education Committee of the American Society of Medical Technologists.

Sister Maureen spent 6 weeks at the College of St. Catherine in St. Paul where she was enrolled in a course in Occupational Therapy.

July

Because of rain the annual employee picnic was held indoors, the dining rooms being transformed into a Picnicland setting.

August

During the picnic held annually for doctors and their wives, 14 doctors were given special recognition for 25 years of association with the St. Cloud Hospital. At this time, the medical staff presented a television set to the Sisters.

On August 24 the addition to the School of Nursing was blessed by Bishop Peter W. Bartholome. Governor C. Elmer Anderson, Senator Hubert Humphrey and Rep. Fred Marshall were among the guests present for the ceremony. Dr. R. N. Barr of the Minnesota State Health Department was the main speaker.



August Thirty-two nurses were graduated from the School of Nursing.

Four students were graduated from the School of X-ray Technology.

September More than 27,000 children in Stearns and Benton Counties were given gamma globulin during the mass inoculation fight against polio, Dr. J. P. O'Keefe, City Health Officer, directing the project in the two counties. Sister Victorine was in charge of all supplies which were used in the project.

A 3-day refresher course for X-ray technicians in the area was held in the hospital from September 25 - 27.

An all-day polio conference for public health nurses was held at the School of Nursing.

Rev. Mother Richarda, president of the governing board of the St. Cloud Hospital, and Sister Francis Xavier attended a 3-day national conference in Chicago for discussion of policies governing the operation of Catholic hospitals.

Sister Carmen attended a 2-week workshop in Surgical Techniques at Northwestern Hospital, Minneapolis.

Sister Davora and Sister Marmion attended an institute in hospital accounting at the University of Minnesota and Sister Victorine attended an institute on polio care, also at the University.

Sister Mary Dominic and Sister Regina attended the Crippled Children's Clinic at Little Falls.

The first in a series of ten weekly seminars for doctors in this area was held in the St. Cloud Hospital School of Nursing. "Diagnosis" was the subject of the series which was taught by instructors from the University of Minnesota.

October Sister Theophane received a special merit award from the Chamber of Commerce for her work during the recent polio epidemic.

Street lamps were installed along the ambulance drive, providing additional light around the School of Nursing, the parking lot, and the ambulance entrance.

A 2-day seminar on cancer nursing was held at the School of Nursing.

A refresher course for laboratory technicians was held here from October 30 to November 1.

Allan Schmid attended the 6th annual meeting of the American Association of Blood Banks in Chicago as official representative of the St. Cloud Hospital Blood Bank.

Sister Francis Xavier, Sister Lawrence, and Sister Leonelle attended the South Dakota Conference of Catholic Hospitals and the annual meeting of the South Dakota Hospital Association at Pierre, South Dakota.



October Sister Giovanni and Sister Mary Gerald attended the annual convention of three nursing organizations--the Minnesota Nurses' Association, the Minnesota League for Nursing and the Minnesota Student Nurses' Association in Minneapolis.

November On November 1, 2 South, a new medical wing of 43 beds, was opened.

Twelve teachers from the public school system spent a day at the St. Cloud Hospital as part of the Business-Education Day observance sponsored by the Chamber of Commerce.

Seventeen Seminarians spent an afternoon at the hospital getting acquainted with the workings of the hospital.

A statue of Our Lady of Fatima, now in the solarium on 2 South, was presented to the hospital by Rev. Chas. Pfeiffer of St. Joseph's Home.

Bishop Bartholome and 43 priests of the surrounding area were guests at the hospital at which time they had an opportunity to become better acquainted with the activities in the hospital.

The School of Nursing received a television set from an anonymous friend. The Pediatrics Department received a television set from the St. Cloud Council of the Knights of Columbus.

Sister Annelda and Sister Virgene attended an institute in oxygen therapy at the Alexian Brothers Hospital in Chicago.

Sister Francis Xavier, Sister Annora, and Sister Marmion attended meetings of the Minnesota Catholic Hospital Conference and the Minnesota Hospital Association held in Minneapolis.

Sister Davora and Sister DeLellis attended a workshop on "Financial Problems in the Catholic Hospital" held at Bismarck, North Dakota.

December The Rotary Club honored our junior and senior nurses at a dinner at the St. Cloud Hotel.

A Catholic Physicians' Guild was organized in the diocese of St. Cloud.

Renovating of the staff room to provide additional space for the Blood Bank and Clinical Laboratory was begun.

The following is a picture of the hospital personnel and the students as of December 31, 1953:

Hospital aides	79	Chaplains	2
Nurses' aides	74	Students	195
Graduate nurses	67	Nurses, Freshmen	56
Practical nurses	6	Juniors	55
Clerical workers	21	Seniors	56
Grad. technicians	22	X-ray, Freshmen	11
Orderlies	8	Seniors	8
Chefs	2	Lab., Freshmen	2
Engrs. & Maint. Men	34	Seniors	3
Laundry workers	18	Anesthesia,	
Doctors	4	Freshmen	2
Sisters	84	Seniors	2

TOTAL -- 616







